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WOUNDS PENETRATING THE KNEE-JOINT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I do not consider it proper to fill the pages of medical journals with "cases" of ordinary interest, such as are frequently seen in the practice of most physicians and surgeons. But there is a class of "cases," which begin in real or supposed injuries, involving litigation, and where medical opinion is to be decisive; and these "cases," though founded on attested facts, may result in conditions against the rule—and proved facts, as exceptions, may be classed as improbabilities.

Theory, raised by men of high social position and deserved reputation, against the detailed certainties collected under the observation of a younger practitioner, may prevail, when discussed by a jury whose minds have not been enlightened upon medical subjects. A practitioner of very limited experience may occasionally be called to a case of surgery, unique in its class. It is not the less so, because older professional gentlemen in a long and extensive practice have never happened to see a similar case, or to have read or heard of one.

The statistics of surgery are for the most part based upon military, naval or civil hospital reports. These fields of practice are extensive. But surgery is not fairly represented in its results, by the facts furnished from these sources alone. The resources and accommodations of a well-governed hospital are undoubtedly superior to those at the command of the majority of persons exposed to accident or suffering from disease—and yet, for a reason which others may find, the surgery of private practice, so far as I am acquainted with it, is more successful, if in skilful hands, than that of the hospital. In this consideration, the more formidable operations may be excluded—such cases naturally finding their termination in the hospital, for reasons appreciated by all who are acquainted with the matter.

Illy understood "minor surgery" has made many of the necessities for capital operations. Small wounds sometimes end in amputations of limbs, from causes which should not have been obscure.

My desire is to see the statistics of private practice circulated in the local medical journals, and cases against the rule recorded for reference, if any such there be.

It was my intention to contribute the mite of information my observation has enabled me to impart, on the subject of *injury to the spine*, in—

cluding the very curious and interesting case referred to in a preceding number of the *Journal*, which has been the subject of legal investigation, and, as I understand, not yet out of the jurisdiction of the Court. For this reason, I deem it proper to withhold its publication until a final disposition of it has been made, in its legal connection. I shall offer instead, a few cases of wounds penetrating the knee-joint, with the hope that others may add to the list such cases, of a similar character, as may have passed under their notice.

Wounds penetrating into the cavities of the body and into the large articulations of the limbs, have been by surgeons considered fatal in their tendency; and although there may be many exceptions to this rule, they do not admit the cure of such wounds to be founded on any principle of action, or profit by the suggestive treatment of a successful case of this kind of injury. There is a proneness with some practitioners, in cases of this nature, to attack imaginary evils, with an unusual quantity of special preventive applications, external and internal, thus interfering in the outset with the natural restorative process, having authority for their proceedings as against the named injury, without qualifying their doings in conformity with the absent or present symptoms, which a judicious surgeon would seriously take into the account. Hence some simple cases terminate fatally, or are at least retarded, and end in deformity or imperfect cure.

Wounds of the knee-joint, from accident, penetrating the capsule, or the incisions made for the removal of foreign bodies from the articulation, have been considered eminently dangerous; and if the list of fatal cases be the criterion of judgment, certainly this conclusion is not unreasonable. But there are many severe injuries to this joint, involving the opening of the capsule, from which patients have not only recovered with good limbs, but without any bad symptom in the process of cure.

I am aware that some surgeons, of the present day, look more favorably upon operations which require the opening of the capsule of the knee-joint, than did those of the past. But, so far as I am informed, no writer has demonstrated the cause of such necessary destructive inflammation as has followed injuries to this articulation, unattended by fracture of the bones or dislocation—these complications naturally enough rendering the accident formidable, and threatening the worst results. In this division of the subject, the diseases of the knee-joint are not to be considered.

A simple record of a few cases that have come under my notice of openings into the knee-joint, is all that is intended at the present time—with one case of injury which resulted in ulceration, and apparent ankylosis. As no examination of the bones was made, the patient recovering, it is not known whether the ankylosis was perfect or not. The joint was stiff and immovable. The case had been considered a scrofulous affection of the knee-joint, not consequent upon the injury known to have been inflicted.

*Case of Wound and Fracture of Patella.*—A girl fell from a shed upon some loose shingles, fracturing the patella transversely, and receiving a piece of shingle—two inches long, irregular in width, varying from

half to a quarter of an inch, and uneven. It entered at the inner and upper part of the patella—and was broken off on a level with the skin in front. Part of the splinter was concealed by closing of the wound; it was firm, and could not be drawn out until an enlargement of the wound had been made by incision, and considerable force was required to remove it. Its direction was obliquely downward across the anterior part of the knee. There was some hemorrhage when the wood was removed.

Two sutures closed the wound. It was covered with lint wet with the blood, cold dressings applied, and the limb laid in a splint. On the third day considerable swelling and pain. The patient was placed on her side, and a small opening made by removing the lint. A discharge of a dark-colored fluid, thin, with small clots of blood, continued for a day or two—no other unpleasant symptoms occurred. In three weeks she left her bed, the wound healed, and with but little lameness. Four weeks after, an abscess formed in the ham. This was opened about the eighth day, and terminated as acute abscesses of its size usually terminate. The connection between this abscess and the injury is not known. The patient was a healthy girl, 18 years of age, and ultimately suffered no lameness from the fractured patella. The penetration of the splinter of wood into the articulation was certain.

*A Case of Lacerated Wound and Contusion.*—A boy, 10 years of age, was thrown down upon a rail-road, his knee forced against the edge of a rail by a heavy piece of timber drawn by a horse. The wound of the integuments was large and lacerated; skin bruised, the wound filled with gravel and sand, with an opening into the joint large enough to admit the little finger. On the inner side of the ligament of the patella, parts of the patella were bare, the fibrous envelope of the joint as plain to be seen as if dissected for the purpose.

After removing the foreign matter from the external wound, the integuments were brought together and confined by suture—one stitch holding by some loose tissues the opening into the joint. A large portion of this wound healed by adhesive action; some little sloughing and suppuration in parts of the skin most bruised. The first and second day after the injury there was slight constitutional symptoms; in twelve days he moved from his bed, his limb bandaged; and in three weeks he attended school, with no lameness or difficulty of any kind.

*Foreign Body in the Joint.*—A man, aged 45, of intemperate habits, fell upon his knee, striking the fragments of a broken wine bottle. The numerous cuts, from pieces of the glass, made in the skin about the knee, healed in a few days. One ragged wound had partially united, around which a distinct swelling had been slowly forming, indicating abscess. Leeches had been applied, and other treatment not precisely known, some days previous.

This man had frequent synovial effusion in both knees for years. In the condition described, I first saw the case. In the afternoon of the same day, at a second visit, the swelling had much increased; and during the succeeding twenty-four hours, the integument covering the knee, particularly in the outline of the capsule, had become tense, black and

shining—the cicatrices of the leech bites, and some of the cuts from the glass, sloughy. The joint was evidently filled with fluid, and measured twenty-three inches in circumference. The patient, a man of middling stature, had been delirious through the night, and appeared sinking. There was no evidence that any wound had penetrated the joint—yet it was filled with fluid, and the tumor seemed likely to burst at different points from the pressure of fluid, and the thickened and sloughy appearance of the integuments. A pint of brandy and ℥jss. of carbonate of ammonia were given, both in the course of an hour.

The tumor opened spontaneously, and the discharge was great; not measured, but estimated at two pints, thin, bloody and fetid. A few drops of healthy pus escaped from the opening, but did not appear to come from the same source as the thinner fluid, most of which may have collected external to the capsule. A probe was passed from the opening above, in the direction downwards to a point, the external appearance of which indicated abscess distinct from the general tumor. On the outside of the joint the point of the probe struck a solid body, and the pus flowed more free through the opening by the probe, which evidently was in the cavity of the joint, passing freely around, its point felt in different directions. An incision was made upon the probe, on the outside of the patella, and a piece of glass extracted, irregular in form, and nearly triangular, three quarters of an inch in its longest line, and at the base of the triangle about five lines in length.

The limb was bandaged from the toes upwards, and laid upon a splint. A few sloughs, of the size of half dimes, from the leech bites, came away in a day or two. Pus flowed in small quantities from the lower incision during the same time. Restoration was as prompt as the debility had been rapid. The wounds closed readily, and in three weeks the man was about his work.

This patient had given to him, during the first week after the opening of the abscess, a pint of brandy daily, besides wine and other stimulants and tonics.

The glass had undoubtedly dropped into the joint, from which place it was removed. The large collection of fluid must have been, it was thought, outside, although the passage to the seat of the pus formation led from the spontaneous opening of the large tumor, which was nearly in the centre of the swelling as it appeared when full.

There was no other local treatment than that detailed. This patient, a short time after, had effusion in the other knee-joint, and died of dropsy about two years after the accident—accelerated, as was thought, by a fall.

*Large Wound of Knee-joint.*—On the 18th of June, 1850, a lad, 17 years of age, came under my care. Half an hour before, he had received an injury from a sharp instrument, while the leg was strongly flexed, the wound being four inches and a half across the knee-joint, cutting into it, and completely severing the extensors of the leg from their attachments to the patella, which protruded through the wound. There was considerable bleeding—the articulation perfectly exposed. Sutures were entered at six points; lint applied in the direction of the wound, wet



with the blood, and supported by bandage and tapes as in fracture of the patella. On the second day the bleeding was profuse. The joint was filled with blood, and had become considerably enlarged. The limb was laid upon a splint, and the bandages loosened and graduated to the state of the swelling. Bleeding continued for two or three days longer. An opening was kept free at the lower edge of the wound, for the discharge of the fluids accumulating in the joint. In a week, part of the wound had united by adhesion, and the sutures were removed. For some days the discharge was constant; but with the exception of the bleeding in the first week after the accident, no troublesome symptoms occurred, and the wound had united throughout by the third week, by granulation. On the 23d of July, the patient walked about with a stiff joint. He has since recovered the perfect use of the limb.

These cases are not published for the purpose of calling attention to any particular mode of treatment, but as simple records of the facts of practice.

A case of injury to the knee-joint came under my care, which after two years was cured with loss of motion and supposed ankylosis. The wound was inflicted with a chisel—entering the joint by the side of the ligament of the patella. Emaciation, abscess, and the usual symptoms of chronic inflammation of the knee-joint, attended the progress of the case. Various plans of treatment had been adopted. It was considered scrofulous. Ultimately healthy action took the place of morbid action, while setons had been inserted, and issues formed. Their effect upon the result must be a matter of opinion. The cure followed closely upon their use, in conjunction with a generous diet and free use of wine. The patient was a young man, and of good health previous to the injury. He had, within six months after the cure, two acute abscesses, at different times, in the ham, which were opened at a proper time and healed kindly.

In an endeavor not to occupy too much space in the detail of these cases, I may have described them so loosely as to render their character obscure, and the extent of injury doubtful. The fact that the cases were all penetrating wounds of the knee-joint may be relied on; and that recovery, without dangerous symptoms, was complete, is equally true.

Cases of accidental incisions into the knee-joint have come to my notice in the care of other practitioners, which have terminated favorably after more or less protracted suffering, and with partial lameness. It is not thought proper to make an imperfect history of cases a matter of record—and with this allusion to those in other hands, the subject will be concluded for the present.

In the case of the lad with the large opening into the joint, the very considerable bleeding that attended may have had its effect in arresting inflammatory action. According to some theories, this would be considered certain. At a future day, I shall give some cases of injury to the spine—producing curvature and abscess, with some observations on caries of the "spongy bones," as not necessarily the result of constitutional disease.

J. S. Jones.

## INCURVATION OF NAILS.

(Communicated for the Boston Medical and Surgical Journal.)

INCURVATION of the nails, more especially of those of the great toes, is the occasion of much inconvenience and suffering to many persons. This difficulty owes its origin mainly to the lateral compression sustained by the toes from the too confined coverings used upon the feet. Corns and distortions of the toe-joints are attributable to the same cause. Incurvation of the nails, in greater or less degree, is hardly less rare or troublesome than corns; perhaps they are more frequently brought under the attention of the physician than the latter, from their sometimes occasioning more serious inconvenience. I believe that medical advice is not often asked until the pressure of the incurved nail has occasioned ulceration of the soft parts beneath; a state of things that is apt to continue so long as the pressure of the edge of the nail continues the irritation. Temporary relief is sometimes afforded by the eradication of the whole or a part of the nail; but the reproduced nail is very apt to assume the disposition and shape of its predecessor, and to submit the proprietor to renewed suffering from the same cause; so that, as a radical means of relief, amputation of the afflicted member has sometimes been resorted to.

In view of the frequency, and annoying and painful effects of incurvation, I have thought it advisable to communicate to the readers of the Journal a description of the simple apparatus that I have successfully employed for the relief of this difficulty.

I have remarked above, that incurvation is mainly owing to undue pressure of the toes. This is not, however, the only cause; for the difficulty is not always confined to the toes. The finger nails sometimes manifest a tendency to incurvation, but owing to their handy position and the extensive diffusion of pocket knives, the nail is constantly kept in check. In phthisical patients, we very often find a congenital predisposition to longitudinal curvation of the nails—or from the root to the extremity—the concavity being contiguous to the soft parts. I believe that a congenital predisposition to excessive lateral curvature of the nails will be found to exist in the subjects of the difficulty of which I am treating. This would probably be productive of no more inconvenience in the toes, than in the fingers, were it not for the pernicious habit of wearing boots and shoes that not only prevent the natural expansion of the toes in walking, but even crowd them together when they do not support the weight of the body. Were there no hard parts to resist this pressure, we should not have corns in one case, and incurved nails or distortion of the joints in another. How the pressure acts to produce these several effects, is so obvious as to require no explanation.

As it is useless to endeavor to remove the cause of these difficulties, so long as we are resisted by fashion, we must content ourselves with palliating the effects, or obviating them by the employment of means that shall counteract the operation of the cause.

The palliating methods of treating incurvation and corns are as well known and practised by the public as by the profession. For obviating

incurvation, it is recommended to elevate the edges of the nail (which are to be allowed to grow beyond the middle of the anterior edge), by inserting dossils of lint between them and the subjacent soft parts. To overcome the inward pressure, occasioned by the elastic resistance of the nail, the central portion must be scraped as thin as possible, and the middle of the anterior edge cut away to the point of union between the nail and soft parts. If this method of managing the difficulty is faithfully attended to, it may afford permanent relief. But there are obstacles to the convenient manipulation of these extremities, that make special attention to them disagreeable and uncomfortable, even to individuals of a slender habit; what they must be with stout gentlemen and ladies, the reader need not be told. For this reason, I apprehend that the most frequent result of this method of treatment is rather an aggravation of the difficulty. The patient, after having in the above way made himself tolerably comfortable for the time, dismisses the parts from all further consideration, until he is warned by certain uneasy sensations that all is not right in these regions; and on inspecting the parts, he will find the dossils inserted under the edges of the nail quite hard, and enveloped in cuticular scales, leaving, on being extracted from their seat, a deep, tender depression in the soft parts. The nail also will be found to have recovered its primitive thickness, where it had been scraped down, or to have become even thicker and more unyielding than it was in the first place. The same process of elevating the edges of the nail and thinning its centre, is repeated with (in the course of a few weeks) the same result. Thus, so far from proving a remedy, this process, as generally managed, only tends to aggravate the difficulty by occasioning increased thickness of the nail at the centre, and consequently a more unyielding condition of the edge.

The mode that I have employed, and with the most complete success, for the relief of this difficulty, is the following. A piece of a very light watch spring, of sufficient length to extend across the nail from one edge to the other, is turned into short hooks, at the extremities. Two plates of silver, sufficiently thin to be easily pliable in the fingers, are to be cut of an oblong shape, say from one quarter to one sixth of an inch in width by one third to two thirds of an inch in length, with rounded corners and one end punched with a hole of sufficient size to admit the hooked extremity of the steel spring. The nail should be permitted to attain sufficient length to allow the hooks (which are to be made of the above-described strips of silver) to be insinuated under its edges; the hooked extremities of the spring are then to be passed into the eyes of the hooks, its centre resting upon the centre of the nail. The spring should not be too stiff, or it will elevate the edges of the nail with too much force, and occasion a painful tension of the soft parts attached to it. The more rapid expansion of the nail will be promoted by enveloping the parts in a wet roller.

Where the matrix of the nail, and the nail itself, are sound and healthy, I believe that this method will never fail speedily to restore the nail to its normal condition.

H. E. DAVIDSON.

Gloucester, Mass., January, 1851.

# ENCYSTED TUMOR OF THE LEFT OVARIUM.

BY C. F. WINSLOW, M.D., NANTUCKET.

[Communicated for the Boston Med. and Surg. Journal.]

WHEN I returned from Europe, in 1837, I found an old friend of mine, Mrs. Margaret Bunker, laboring under abdominal dropsy. The abdomen was very large. When I left her, two years previously, she was spare and in feeble health, with a bad cough, frequently raising blood and large amounts of mucus and purulent excretions. She was the mother of three children fully grown, and her health through life had been delicate. I supposed she would die of pulmonary disease before my return home. But on my return, her general health and appearance were better, her cough and expectoration had wholly ceased; and for a year her abdomen had been enlarging, with some pain and soreness in the lower part of it. The catamenia had not been natural for many years, but had been very painful, and now the period of life had arrived for their cessation. They occurred at long intervals. Her appetite was good, and her general health comfortable; but the enlargement was a burden, and, as it constantly increased, it gave her alarm.

Medical assistance had been sought, but no comfort nor benefit had been given her. Diuretics and all ordinary means had been resorted to, without advantage. She had been disgusted with, and was tired of, medicines. In this condition of things, I was called in, and, from all that could be learnt of the origin of the disease, I supposed it to be common ascites. I was sure of dropsy from the fluctuation, and I could feel no tumor. Whatever means were used, availed nothing. She grew to be a wonder to look upon, and could still walk about house and attend to many domestic affairs. She had a good appetite, and was cheerful. I advised tapping. After a long time, she consented to the operation, and it was done with a trocar of medium size. I was surprised that no stream of water followed the removal of the style. But in a moment, a glairy fluid began to ooze out. Little, however, was discharged, and no relief was obtained. The puncture healed in a few hours, and the patient remained as before, only more uncomfortable from increasing distention.

In a few weeks another puncture was made, with a larger trocar, and about a half pint of thick, tenacious, pearl-colored fluid was obtained by pulling it through the canula with a probe. This operation was unsuccessful, and the abdomen had now become so large that the parietes were stretched to extreme thinness.

What was to be done to prolong her life? Fluctuation was distinct all over this immense swelling, and I was now sure of the nature of the fluid which filled the cavity. I conceived the plan of pumping it off. I proposed it to my medical friends, but they had never heard nor read of such a thing, and could not enlighten nor encourage me. I had arranged the whole plan of operating in my own mind, and fortified its probable success by analogies in physics. I presented it to the lady for her consideration. She possessed uncommon intelligence and firmness; but it seemed to her like an experiment, and she objected to it. I reasoned with her, and she made up her mind, after some days, that she had better submit to the operation.

I had a trocar made, three-eighths of an inch in diameter. I adjusted a silver tube, made with an elbow, to a good Maw's syringe, and covered the end with wax and thread so that the fixture should be immovable and air-tight. The floating part of the tube was made to fit nicely to the canula, so that it could be adjusted easily, whenever it might be desirable. This was all.

The time was fixed for the operation, and though the result, if successful, would be nothing more than that of common paracentesis, it was looked at by patient and friends as something wonderful and possibly fatal. I felt only anxious for the success of an operation which I had so well calculated, and which I considered new. It was, indeed, an experiment; but I felt an enthusiastic assurance of its triumph.

I invited Dr. Elisha P. Fearing to assist me. The patient was seated in a comfortable rocking chair. Suitable bandages were applied around the abdomen, and assistants were placed at the ends to draw them when required. I made the puncture about midway between the umbilicus and the ant. sup. spinal process of the left ilium. The canula was so much larger than the others that a stream flowed with quite a jet, but the fluid was so thick and heavy that it fell quick like jelly. It continued to run thus till a half-pint had escaped, when it stopped. Now was the time for my success or failure;—and if the latter, the case would have to be abandoned altogether. I adjusted the pump, and my colleague held the instruments firmly, while I drew upon the piston. There was some resistance. In a moment it was overcome, and when I pressed down the piston, a full stream gushed out with an old coagulum of blood, which had caused the obstruction. Thus I continued to pump, now and then encountering a coagulum of blood or jelly, until I removed seventy-two pounds, by weight, of this gelatinous fluid.

The operation was made slowly, and the bandages were tightened so as to give uninterrupted support to the abdomen. The patient was relieved, and was cheerful during the operation, but towards the last of it she became somewhat faint. Hot wine was administered, and she was put to bed. I was particular that no air should enter the canula, and the puncture was carefully closed with adhesive plaster. When this came off, five or six days afterwards, the wound was completely healed.

After the operation, the parietes of the abdomen hung in folds like cloth, but they gradually contracted to a natural condition. She was comfortable, and nothing occurred unfavorable. In a week she sat up, and her appetite was natural.

Tumors, however, of great size were now manifest in several parts of the abdomen. The largest were on the right side, and they extended above the umbilicus. They were not sore nor painful; but the incurable nature of the malady was unfolded. As was to have been expected, the abdomen gradually enlarged again; and after several months a second operation was made, similar to the first. Thirty-five pounds of the same gelatinous, pearl-colored fluid were removed, and she was put to bed in a comfortable and cheerful condition. Thus she continued for a fortnight, at the end of which, she lost her appetite and became more feeble. Her spirits left her—she refused food—declined all conversation—gradually

passed into a lethargic state, and died in about six weeks from the second operation. Much secretion took place before her death, so that the abdomen was very large. The first operation was made June 3d, 1839; the last, December 31st; and she died February 15th, 1840.

*Post-mortem Observations.*—Before making an incision into the body, a considerable quantity of the same gelatinous fluid was removed by the pump. This was not weighed, but estimated to amount to twelve or fifteen pounds.

On laying open the abdomen, an enormous, thick fibrous sac, at first sight resembling the paunch of an ox, appeared to fill it. This was connected with a great mass of tumors, or, rather, it was one sac of a number which existed in this enormous tumor, for it was all one, and it proved to be the left ovary. I passed my hand around the mass and turned it out of the cavity, and it hung by the fallopian tube alone. It had no other attachment to the body.

The surface of this great tumor was smooth, but irregular; and on laying open the different hard and rounded compartments which constituted it, I found them more or less advanced towards the condition of the great sac which had been punctured during life. The fluid in all was more tenacious and transparent, resembling vitreous humor. Some cysts contained a pint or a quart; others were like honey-comb, containing numerous smaller cells; some not larger than a walnut, separated by highly vascular partitions. This mass weighed seventeen pounds.

The punctures in the sac had all healed completely, and the eschars were as visible and perfect as cicatrices of the skin.

The uterus, right ovary, and every other viscus of the abdomen, were in a natural state.

The lungs were in a healthy-looking and crepitating condition, mottled only with a black or bluish pigment, such as we frequently observe in persons who had complained of no pulmonary disease during life.

*Nantucket, January 17, 1851.*

#### EMPHYSEMA FROM FRACTURE OF THE RIBS.

[Communicated for the Boston Med. and Surg. Journal.]

A CASE reported in your Journal of last week, recalls to mind one which came under my observation a short time since. On the 16th of July, 1849, I was called to see Mr. Lawrence Warner, of Locke, Cayuga Co., et. about 80, who had the day before been thrown from his carriage in consequence of some part of his harness giving way. Being quite infirm, he was precipitated with considerable violence upon his shoulder, making but little effort to resist the fall. Two physicians, residing near, saw him very soon, but finding it difficult to handle him much, came to no definite conclusion respecting the extent of the injury. His son-in-law, Dr. Shaw, of Cayuga, then on a visit to his house, saw him a few hours after the accident, and as the symptoms were urgent, very properly extracted a few ounces of blood, and applied other appropriate remedies. I found him bolstered up in bed, his countenance

livid and death-like, pulse small and rapid, respiration labored, surface covered with cold clammy perspiration, with an emphysematous condition of the neck, chest and superior extremities. There was a slight contusion of one shoulder; but as the least touch or motion gave excruciating pain, a thorough examination of the injured part was at this time impracticable. I suggested to my friend, Dr. S., the possibility of a fracture of the ribs and puncture of the lungs at some point, producing partial collapse of those organs, and permitting the escape of air into the cellular tissue; in which opinion Dr. S. fully concurred. This patient had for some years labored under chronic pulmonary and cardiac disease, and there were doubtless organic lesions to a considerable extent, with a consequent impaired state of the vital functions. The symptoms evidently denoted a speedy fatal termination of the case. He died on the following day, and from an external examination of the body, post-mortem, three of the ribs were found fractured a short distance from the spine upon the right side, the fractured ends being, doubtless, forced into the substance of the lung, producing the symptoms which resulted in death.

I report this case, not because I consider it unique in its character, but because I think it illustrates at least a feature in the diagnosis, and also presents a sequel which may very naturally follow fracture of the ribs, particularly if it occur at a point where there are morbid adhesions from previous disease. Indeed I have been surprised that injuries in this situation were not more frequently followed by similar results.

Cortlandville, N. Y., Jan. 14th, 1851.

H. O. JEWETT.

#### NOTES FROM CLINICAL LECTURES.

DELIVERED AT THE MASSACHUSETTS MEDICAL COLLEGE, BOSTON,

By HENRY J. BIGELOW, M.D.

Professor of Surgery in the College, and one of the Surgeons to the Massachusetts General Hospital.

(Lecture of Jan. 20, concluded.)

**CASE II.—Disease of Ankle-joint. Amputation.**—This patient, from Dr. Hayward's ward, had during a period of seven years more or less pain and lameness in the joint. For a year he has been unable to use the limb, and during this time quite a number of fistulous openings communicating with the joint, have appeared; I believe a dozen—an unusual number. The joint is, you see, swelled and blue, and the leg atrophied, almost to the bones. About such a leg there can be no doubt. Whatever the disease may be called—scrofulous disease, pulpy, cartilaginous or synovial degeneration, or disintegrating lymph, there is, practically, very little hope in a case of this sort. In a favorable case, the diseased cartilage and bone should and might become disintegrated to a point which leaves sound bone, and this in its turn should become ankylosed. This is the only recovery from such a mass of disease. But in the mean time the pain and fever are reducing the patient; the liquor sanguinis is drained by the discharge of pus, and the strength gives out. There is a peculiar disease, the ulceration of the cartilage,



in which a small ulceration in an otherwise apparently sound cartilage is productive of great pain, and often compels amputation of a limb. But the present affection, which is by far the most common one, exhibits no clean ulceration. You see in this joint a part of the cartilage roughened; elsewhere more deeply pitted, and largely detached; the bone exposed; masses of granulation; the whole articular surface greatly diseased, and very little or no sound cartilage. The affection has also extended to the tarsal articulations. The progress of this sort of disease is usually not steady, but by repeated exacerbations, with intervals of comparative freedom from pain; and the patient may be reduced so gradually that it is sometimes difficult for the surgeon who sees the case, day after day, to decide the precise point at which treatment should be abandoned, and amputation resorted to. Seeing the same case for the first time, you would have less difficulty in making up your mind.

A patient greatly reduced by a diseased joint, often recovers rapidly after its removal. Yet even then, life sometimes flickers feebly for a time, and the patient sinks under the shock of amputation. Perhaps the chief point to be settled, in respect of strength, is the soundness of the great viscera; for with disease there, and in spite of a few recorded cases to the contrary, the case is almost hopeless.

This limb, long past the stage of doubt, was removed by Dr. Hayward, by the circular operation.

You will hear much of the relative advantages of the circular and flap operations. But as there is so much diversity of opinion upon this point, you may be sure there is no settled best way; and as for the rapidity of amputation, if ever it was a prime object, with ether it is now no longer so. The one thing needful is skin enough to cover the bone. If one side of a limb is ulcerated or injured, you get it from the other side, and this is a flap; or you may make two flaps—on the sides, or top and bottom, or as you please, so long as you cover the bone and do not waste material; for the best artificial limbs are now made with deep sockets, and the longer a stump is, the better. This flap was circular, and the stump will be doubtless an excellent one, reaching two thirds way to the ankle. Accidents may happen to all stumps. Flaps retract, bones protrude and sequestra come out. But if the bone is once properly covered, nature has much more than the surgeon to do in keeping it so. I once had an opportunity to try the circular and flap operations upon the legs of the same patient; a case of mortification of both legs, after dysentery on shipboard. The patient was at death's door, but at once rallied after the removal of the legs at about their middle. It was soon after the use of ether; and the patient, of course, slept through both amputations. Both wounds healed by first intention. The circular flap was puckered in healing, as it generally is. Upon the other leg, the long flap from behind gave apparently much the best result; a handsome rounded stump, with a linear cicatrix. Yet it is probable that a few years would make them much alike. The muscle and fat of a large flap is then atrophied and the roundness lost. This I may state also as the view of Dr. Townsend, whose opportunities for examination were frequent during the last war.

**CASE III. Necrosis of the Humerus. Operation.**—The disease was in this case of fifteen years' duration. There were a number of fistulous openings about the deltoid, leading to dead bone. A large one also between the clavicle and scapula above, traversed by the omo-hyoid muscle, which bisected it. Water injected here, was followed by an increase of pus at the lower opening, in the course of the day. I am unable to say why the pus, which was burrowing about in the axilla, should have made this large ulceration so high up; or whether this depended on a separate cause. As you saw, I made a free incision down to the bone on the outside, and through the deltoid; waited for the capillary bleeding to cease, and tied a small vessel or two; denuded the bone, removed a middle-sized disc of new bone quarter of an inch thick, with a trephine upon a bit-stock, and extracted through the opening a sequestrum in shape like a large almond. The object of these operations is to get at and remove a sequestrum which is confined by bone, generally of new formation and thick. In such a case you feel with a probe a bone unequivocally loose and apparently quite accessible; you cut through the soft parts in pursuit of it, and are suddenly, perhaps to your surprise, arrested by a bony wall with an aperture only as large as a crow's quill, into which the probe passes perhaps half an inch. The old way was to attack this with a chisel and mallet. But put a femur into a common vise, and try with a chisel and mallet to expose the interior of its shaft, and you will find how slowly the work goes on. Now there is a French instrument which I have used for a number of years, which consists of a small circular saw, attached to an iron rod, which receives its revolutions from a bit-stock in the hands of an assistant. The rod is about two feet long, and is broken for convenience by a universal joint. A hole is trepanned into the bone, and if the sequestrum is refractory, another hole is also trepanned a few inches distant, and the circumferences of each united by parallel lines, so as to make an oval hole. This last is done by the circular saw (*scie à molette*), and the little time it occupies and the facility of its work are quite striking. I should say it required about one minute for ten consumed by the old process; and a beautifully symmetrical hole may be made in five minutes, which would require half an hour's work of the chisel. This is really an advantage of importance. Here are sequestra which I have removed in this way; a long one from the femur; this one, not unlike a butternut in size and roughness, and moreover infiltrated with salts from the saliva, from the left ramus of the jaw. Here is a very remarkable sequestrum from a boy, a patient of Dr. Osgood, of Saxonville, which is actually two thirds of the humerus. Its upper extremity projected through the skin just under the axilla, while the whole articulating surface at the elbow was salient and exposed obliquely outwards. The whole looked somewhat like a large spike of which the condyles represented the head; driven in obliquely at the elbow, and its point appearing under the axilla. And here are the marks of the boy's penknife upon the exposed joint, where he amused the tedium of convalescence by whittling it *in situ*. You would have thought, as I did, that it could be pulled out from below, with ease. But it was so bound and clamped by new bone, which

pinched it, that I was obliged to remove the last to some extent before it yielded. And it is strange that the boy has a serviceable joint at this day, traversing an angle of about  $45^{\circ}$ .

Here is another sequestrum with a wisdom tooth in it, larger than you would suppose could be contained in the ramus of the jaw. Necrosis is sometimes rapid. I removed this from a patient of Dr. Dale. It was eliminated from the first metatarsal bone of a boy in a few weeks, and is, as you see, quite a piece of the shaft.

This operation has its reverses. Here is a femur of a patient, of two years ago, in a case where the fistulous opening was directly in the track of the artery, and where it could not be pursued. I therefore attacked the bone upon the outside through the vastus externus, and made this opening into it. The patient, a healthy laborer, died the next day of a remarkable affection; a secretion of pus beneath the layers of deep fascia and into the muscles of the whole thigh, showing universal inflammation there. Besides which, before death, the limb was inflated by gas as in a decomposing subject.

There are a few points of diagnostic interest which should be mentioned. The size of the sequestrum may be judged of, sometimes, by the enlargement of the bone, and by exploring it through different apertures. Yet where it is deep, and where these signs fail, the size of the dead bone may be deceptive, and a very small one may give the idea of being large. Its mobility is sometimes unequivocal; and upon this point there are two signs I have noticed, not, I believe, mentioned in the books, to which I attach some value. One of these is the possibility of causing pus to escape from one fistulous opening, by pressing upon the sequestrum with a probe through another and separate aperture. How is this likely to happen, unless the sequestrum moves? Again, pain, not a common local and acute tenderness, but a deep and distant pain, sometimes attends the forcible movement of a large sequestrum by a probe in a fistulous opening. The sequestrum is then tilted against soft granulations at a remote part of the cavity. In such cases, the sooner the sequestrum is removed, the better. The pathology of necrosis belongs to another part of our surgical course.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 5, 1851.

*Anatomy and Physiology.*—"Popular Anatomy and Physiology, adapted to the use of Students and General Readers."—"Practical Anatomy, Physiology and Pathology; Hygiene and Therapeutics." By T. S. Lambert, M.D. Leavitt & Co., New York, publishers. It will be remembered, that, some months since, a very favorable notice of the first of the above-named works appeared in this Journal, from the pen of a Physician in Middlesex County. The other work is just published. Physiology having been introduced into most of our schools, and considered as one of the elementary studies requisite to form a proper education for the young,

it becomes highly necessary for school committees to make a selection, and obtain the best works for the purpose. We believe there have been several works published on the same subject; but never having had an opportunity to examine them, we cannot speak of their comparative merits. As regards Dr. Lambert's books, we have lately had them sent us, and have given them a pretty thorough examination. The text is correct, the inferences appropriate, and being void of technicalities, they are every way suitable for the scholar to read and study. They are also fully illustrated, which makes them better calculated to convey to the mind of the reader a perfect comprehension of the subject under consideration. The little work on Practical Anatomy, &c., will have a tendency, in an indirect way, to rid us of quackery—for it teaches enough of pathology, hygiene, &c., to intimidate any one from putting confidence, when sick, in any other than the regular, well-educated physician. We deem it unnecessary to say more at the present time respecting the merits of the works by Dr. Lambert. Many letters of testimonial are appended, from some of the most distinguished of the profession, relative to their value and correctness.

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**Boston Lunatic Hospital.**—The report of the Board of Visitors of the Boston Lunatic Hospital, together with one from the Superintendent, Dr. C. H. Stedman, has been received. From them we learn, that there have been admitted during the year 73 patients, with 76 discharges and 37 recoveries—leaving now in the wards of the hospital, 81 males and 123 females. Among the assigned causes of the insanity of the inmates, intemperance seems to preponderate. The institution appears to be under good rule, and with the average health of such institutions, although during the year dysentery prevailed, which in many cases proved fatal. It would seem, also, that those who were in good bodily health previously, suffered much less from the attack than those who were more debilitated; and in two instances recovery of the mental faculties took place, simultaneously with the appearance of the dysentery. Ireland, as usual in our charitable institutions, is fully represented; and Dr. Stedman attributes it in part to disappointment, in not finding "*gold as thick as paving-stones in the streets,*" as was represented to many before leaving their homes. As to the treatment of the insane, an inference may be drawn from the doctor's remark—"*Whereas, the simple fact is, that the remedies most in use in our asylums, are not sought for in the apothecary's store.*"

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**Suffolk District Medical Society.**—At the adjourned stated meeting of this society, held last Wednesday afternoon, for the purpose of trying one of its members who had been previously charged with infringing its by-laws, the said charge not having been sustained the whole matter was laid upon the table. As we said on a previous occasion, we consider the society should not have matters brought before it, that properly belong to a legal tribunal. And further, we would take this occasion to express our decided disapprobation of the way this whole matter has been managed, from the beginning to the end of the farce. The proceedings were all informal, and the society ought to have known it; but when the member consented to an examination, and nobly exculpated himself from the charge, a verdict should have been rendered accordingly. It would really seem, as the accused party declared, that he was the victim of a conspiracy, for in our

experience we never saw stronger manifestations of a vindictive spirit, than were exhibited by some of the members towards him, and his cause, at the meeting spoken of. This was particularly shown by the opening remarks of a member of the committee, whose uncalled-for and ungenerous comparison on that occasion, seemed intended to prejudice the minds of others against the accused member. The remark of another member, that "whoever had announced, in this room, his intention of voting an acquittal," &c., was in exceeding bad taste, and requires from us no comment. It may be true that the member has been guilty of violating the laws of the society, and if so, proper steps should be taken in the matter; but the *special* charge brought against him not having been sustained, the proceedings should then have been brought to a close by an honorable exculpation. If such proceedings are to be established as precedents, and if members are to be allowed such latitude in giving vent to prejudices that may exist towards a fellow, the sooner a new organization of the society takes place, the better, we should say, it would be for its vital interests.

**Water Ointment.**—The water ointment, as it is called, seems to be coming into popular favor with many of the profession. It is a very mild dressing, and is intended to be a substitute for the *ungt. aqua rosa*, in dressing excoriated surfaces. In some respects, it possesses advantages over that of the rose water ointment, which is, however, yet considered a very nice and bland preparation. The water ointment is best prepared by boiling *fresh* lard, free from salt, in water. After it has cooled, it is to be separated from the water, and as much cold distilled water as possible is to be rubbed into it. It is better to make it often, and have it kept in a cool place ready for use.

**The North American Homœopathic Journal.**—The first number of a new quarterly medical journal, to be devoted to the interests of homœopathy, has just been received from the publisher in New York. It certainly makes a very good appearance, and under the fostering care of such a trio as Drs. Hering, Marcy & Metcalf, no doubt will give much aid and comfort to the prescribers of the infinitesimals. We find in its pages, a notice, by one of the editors, respecting "*Jenichen's High Potencies*"; he recommends his readers to procure a supply of them before they become exhausted. He remarks, "every one who prefers to make high potencies in his own way, may do it, but ought not to forget that Jenichen's preparations cannot be easily equalled; his last potency of *arsenicum* having received one and a half million of the most powerful shakings, counting only such as produced a metallic ringing sound of the glass bottle. Others may wait until the thing is accomplished by machinery, but ought never to expect anything 'cheaper.'" This knocks the ancient alchemist all in the shade. A million and a half of shakings! What would its potency have been, were it ten millions? The eye-sight must have been destroyed by a glance at it. William Radde, New York, is the publisher. Terms, \$3.00 per year.

**Present to Dr. Durkee.**—The students of the Tremont Medical School, of this city, have just imported from Paris a superb Microscope, which they have presented to Dr. Silas Durkee, as a testimony of their estimation of his instructions and courteous civilities in affording them advantages for the

study of cutaneous diseases—a department of medical practice to which Dr. D. devotes special attention. The gift reflects honor upon all the parties concerned. Its arrival was unavoidably delayed for a few days, but as the original expectation was to obtain it in season for a Christmas present, it was so given and received. The occasion elicited an interesting correspondence, which appeared in the columns of the Boston Traveller.

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*Increase of Homœopathy.*—A correspondent, who subscribes himself "A Member of the Massachusetts Medical Society," is very anxious to let our readers know that homœopathy is *not on the wane*, although, as he says, five years since it was predicted that its principles would cease to be recognized by any of the profession at this time. On the contrary, he would inform us, that where there was one who practised on these principles five years ago, there are now fifties. Upon such statements, he bases his argument of the infallibility of the doctrine, "*similia similibus curantur*," and of, we suppose, the intelligence of the people in adopting it. While we congratulate our homœopathic friend on his happy feelings, for what he considers the success of the Hahnemannian system, we must inform him that in our estimation the alleged rapid increase of practitioners of his faith is not conclusive evidence that he, or they, are correct in their principles of the treatment of disease. Others are further off than ever in believing in the potency of infinitesimals. If any one wishes to be highly edified by an exhibition of homœopathic doctrine, let him read, in to-day's Journal, about the *high* potencies of Jenichen, by one of the editors of the new Homœopathic Quarterly Journal.

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*Manifestations of Design in the Daily Walks of the Physician.*—An Introductory Lecture by Dr. George Wilson, Professor of Chemistry in the Edinburgh Medical School, is published in the Monthly Journal of that city. We copy from it the following beautiful passage.

"The sciences which make up medicine are so much and so necessarily occupied with the exposition of secondary causes, that they are apt to make us forget that what we call laws and forces—physical, chemical, physiological—are but the modes of working of Him who is uncaused, and the author and director of all. I have heard wonder expressed by non-professional persons, that medical students should be so indifferent to the evidence of design which their studies so amply supply. In this, I think, they have done you, in some respects, considerable wrong. They have forgotten the engrossing nature of your occupations, and the necessity under which every diligent student lies, of mastering the mere facts of various sciences, which are by no means very easy of apprehension. They have forgotten, also, that the accompaniments of a dissecting-room are not exactly such as conduce most to moral meditations, like those in which Paley or the authors of our "*Bridgewater Treatises*" loved to indulge. And, further, they have forgotten what, when I was a student, used very much to strike me,—viz., that in the wards of the hospital, all the goodly design of which so much was said, seems to fail. Instead of gazing eyes, hearing ears, moving joints, lungs gently breathing, hearts quietly pulsating, brains actively working, we go round an hospital and witness blindness, deafness, palsy, madness, every variety of torture, and the end of all—death. We want a chapter added to our "*Bridgewater Treatises*" to reconcile this with what they

declare. Some of you may have felt as I have felt, or will yet feel, the perplexity alluded to. Let me remind you, then, that even in disease there is exquisite evidence of design—that it is not doctors who cure the sick body, but the body that cures itself. The surgeon will whip you off a limb fast enough, and so save torture and prevent death; but he does not pretend to make the bleeding vessels hermetically seal their mouths, the rough bone granulate into smoothness, the muscles form new attachments, and the skin close over all. Kindly nature does this. The diseased body proclaims, to the last, that it was intended to be healthy, and is struggling against all odds to be so, and dies, as it were, facing death, with arms in its hands. I would therefore say, let not the striking moral lesson thus taught be overlooked, but rather seek out for it—it will add interest to your daily duties, and invest them with a high moral meaning.”

*The Great Exhibition in London.*—The following from the London *Lancet* is recommended to the notice of the profession in this country. It is probably not yet too late for all who have anything of the kind mentioned below, to take measures for having it despatched to London.

“We believe that one of the subdivisions of the great exhibition of 1851 includes surgical instruments, and all surgical and medical appliances of a mechanical kind. We should hope, that, in this respect, the honor of the profession will be upheld. We have no doubt that the ingenuity of America, France and Germany, in all that relates to the diagnosis and treatment of disease by mechanical means, will be fully represented at the forthcoming exhibition. We make these remarks with a view of stimulating the profession in this country, and inducing its members not to suffer such an opportunity of professional and national distinction to pass unimproved. We have as yet heard no note of preparation, but we trust that not the least interesting section of the “crystal palace,” now rising as if by magic, will be that devoted to the exemplification of the applications of art and industry to the profession of medicine and surgery, and the relief of human disease and suffering.”

The commissioners will be ready to receive deposits from the 1st of January to 1st of March inclusive, after which time none will be received. The foreign deposits (those from this country for instance) will not be charged with duty, and will be received through the custom houses at London, Liverpool, Bristol, Hull, Newcastle, Dover, Folkestone and Southampton. The exhibitors pay all expenses until the articles are deposited, but none after till the exhibition closes, when they may remove them from the country, or sell them, in which case the duties must be paid. The exhibition will open on the 1st of May, and continue open for six months.

*Iodine in Fresh-Water Plants and Animals.*—M. Chatin, Professor at the School of Pharmacy of Paris, recently sent a paper to the Academy of Sciences, wherein he gives the details of his investigations relative to the existence of iodine in some fresh-water animals, as the leech, crab, frog, &c., as well as in the plants which grow in the same waters. Iodine has been found in greatest quantity in ferruginous water. The author thinks that goitre is owing to the too minute quantity of iodine to be found in the water of certain countries.



**Law of Lunacy in England.**—We understand that, at the instance of an influential member of the American Government, Dr. Forbes Winslow is actively engaged in preparing an analysis of the English law of lunacy. Dr. Winslow is also requested to make any suggestions that may occur to him in the course of the inquiry for an amendment of the said law. We trust, when his labors are brought to a conclusion, that Dr. Winslow will submit the result of his investigation to the British Government, in order that they may adopt any valuable suggestions it may contain for an amendment of our own defective laws in regard to the arrest and detention of persons alleged to be insane.—*London Morning Chronicle*.

**Massachusetts General Hospital.**—The following gentlemen have been elected officers of the Massachusetts General Hospital for the ensuing year: William Appleton, President; Robert Hooper, Vice President; Henry Andrews, Treasurer; Marcus Morton, Jr., Secretary; Nathaniel I. Bowditch, William S. Bullard, William J. Dale, George M. Dexter, Thomas Lamb, Francis C. Lowell, Amos A. Lawrence, Charles H. Mills, Henry B. Rogers, G. Howland Shaw, J. Thomas Stevenson, Edward Wigglesworth, Trustees.

**Medical Miscellany.**—Dr. Jared J. Dunn, the Mayor of Princeton, N. J., was lately killed by being thrown from a sulkey.—Audubon, the celebrated ornithologist, is dead.—Large beds of sulphate of magnesia, lime, nitrate of potass, &c., were found in a recently discovered cave in Indiana.—A Dr. J. M. Smith, an irregular practitioner, of Saco, Maine, has been convicted of murder in the second degree, for the killing of Miss Caswell, in his attempt to produce abortion, and has been sentenced to the penitentiary for life.—Measures have lately been taken in England for the establishment of an "asylum for the indigent insane of the educated classes."—The London Lancet is now publishing a series of "Portraits and Biographies of Members of the Medical and Surgical Profession."—We understand that Dr. T. H. Smith, whose indictment was spoken of in last week's Journal, has received a diploma from the Medical College in Maine, and also from institutions in Europe. Our designation of him as an irregular practitioner, had reference only to the fact of his not being a member of the Massachusetts Medical Society.—A writer in the London Lancet solicits the name and address of any individual, in the enjoyment of good, firm health, who has attained to between ninety-five and a hundred years of age, and also the parish of which such person is a native, and from the records of which his or her age could be verified.

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**TO CORRESPONDENTS.**—Dr. Appleton's paper on Puerperal Anemia has been received.

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**MARRIED.**—In New York, William S. Tompkins, M.D., to Miss Evelina H. Close.

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**DIED.**—At San Francisco, of cholera, John Townsend, M.D., aged 50.—At Quarantine, Staten Island, New York, John S. Cameron, M.D., Assistant Physician of the Marine Hospital, aged 33 years.

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**Deaths in Boston**—for the week ending Saturday noon, Feb. 1st, 73.—Males, 42;—females, 31. Inflammation of the bowels, 2;—burns, 1;—inflammation of the brain, 1;—congestion of the brain, 1;—consumption, 13;—convulsions, 1;—dysentery, 1;—dropsy, 3;—dropsy of the brain, 5;—erysipelas, 2;—fever, 1;—typhus fever, 2;—typhoid fever, 1;—scarlet fever, 6;—lung fever, 6;—frost-bite, 1;—hooping cough, 2;—disease of the heart, 2;—intemperance, 1;—infantile, 4;—inflammation of the lungs, 4;—marasmus, 1;—menstrual, 6;—scrofula, 1;—teething, 3;—unknowns, 2.  
Under 5 years, 30;—between 5 and 20 years, 8;—between 20 and 40 years, 14;—between 40 and 60 years, 10;—over 60 years, 3. Americans, 37; foreigners and children of foreigners, 36.

**Tempest Prognosticator.**—"A philosophical invention from Whitby appears in the form of a Tempest Prognosticator, whose accuracy is said to have been tested by the storms of the last twelve months. The inventor is Dr. Merryweather." We have ascertained the above statement to be correct; and that the apparatus is to be exhibited for the first time at the great Exhibition, when a pamphlet will be published giving the whole account of the discovery. The disastrous storm of the month of October, 1850, was foretold by the Tempest Prognosticator, and communicated by letter to the president of the Whitby Philosophical Society, fifty-one hours and a half before it took place. We understand that Dr. Merryweather intends to confine the manufacture of these instruments to the artisans of Whitby.—*Illustrated London News.*

**A New Mode of Vaccination.**—By EDWARD CROSE, M.R.C.S. &c.—I know not whether the following mode of vaccination has been before practised; if not, perhaps you will favor me by its insertion. It consists in forming a blister, by means of a piece of emp. lytta, the size of a small pin's head, retained on the arm by adhesive plaster sufficiently long to raise the blister, detaching the cuticle with a lancet, and applying the vaccine virus to the raw surface.

The struggles of a strong child having prevented inoculation by the ordinary methods, I adopted this plan with success. It was rapidly performed while the child slept; and it appears, in addition, that a fairer surface for absorption is presented, and that this little operation, insignificant in its execution, though important in its results, is much facilitated, and rendered more certain of success.—*London Lancet.*

**Successful Employment of Kouso in Tania Solium.**—By WILLIAM WILLIS, Esq., M.R.C.S.E., Totnes.—I have much pleasure in reporting another successful case of the administration of the above remedy for the tape-worm. Mr. N. S——, a young farmer, living at Ipplepen, had been for seven years afflicted with the most annoying consequences, arising from this parasite. He had tried every variety of remedy, as well as every person he could think of, both regular and quack, during this period. I procured for him a dose of the kouso, and administered it on the 4th inst., according to the instructions given by M. Boggio. Four hours after, and about ten minutes subsequent to taking a seidlitz, to assist its operation, he expelled the animal, quite dead, and entire, he having suffered scarcely any inconvenience from the medicine.—*Id.*

**Private Teaching in St. Louis.**—We are glad to know that several associations of physicians have been formed in our city, for the purpose of giving private instruction, and examinations on the various branches taught in our schools. From a knowledge of the different individuals engaged in these enterprises, it affords us pleasure to state that they are every way qualified for the work which they have undertaken. St. Louis is rapidly becoming a prominent point for medical education, and the demand for private instruction will soon give full employment to all those now engaged in it, and invite others to embark in the same laudable work.—*St. Louis Medical and Surgical Journal.*